BEST AVAILABLE COPY PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09/828,6 93

		CLAIMS AS	• Column) Column)					SMALL ENTITY TYPE			OTHER THA	
TC	TAL CLAIMS		21		(30:011112)			RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	2 minus 20=		•			X\$ 9=		OR	X\$18=	
IND	EPENDENT CI	AIMS	U minus 3 =					X40=	• ·	OR	X80=	·
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
	С		I			OTHER	THAN					
ļ,		(Column 1)	(Colun			(Column 3)	:	SMALL		OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT	,	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 37	Minus	2	<u>ک</u>	= 15		X\$ 9=		OR	X\$18=	27000
	Independent	• g	Minus	en y	CLAIM	= 4		X40=		OR	X80%	344·
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	· ·	OR	+270=	
								TOTAL ADDIT, FEE	$\sum_{i} \mathcal{O}(y_i)$	OR	TOTAL ADDIT. FEE	ણ કરીના જેવા
		(Column 1)		(Colu		(Column 3)		in in			., .	
AMENDMENT B		AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT , EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	••	•	=.		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	CI AINA	=		X40=		OR	X80=	
Ŀ	rinsi Phese	NTATION OF M	LINE DEI ENDEIN		CLAIM			+135=		OR	+270=	
	•					, ,	· .	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	~
1		(Column 1)		(Column		n 2) (Column 3)		, , ,				
AMĘNDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=	•••	OR	X\$18=	ï
AME	Independent	•	Minus	***	COL AIRA			X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
		mn 1 is less than t mber Previously Pr					. L	TOTAL		ΛP.	TOTAL	
***	If the "Highest Nu	mber Previously Pa ber Previously Pa	aid For IN THI	S SPACE	s less tha	n 3, enter "3,"		DDIT. FEE	ropriate box		ADDIT. FEE lumn 1.	

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